

Illinois Liquor Control  
Commission



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Governor

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**APPLICATION FOR STATE OF ILLINOIS SPECIALTY LIQUOR LICENSE  
AUCTION — AIRPLANE — BOAT — RAILROAD**

The following various classes of specialty liquor licenses. Check the box that applies to the type/class of license you are applying for. Be sure to acquire the proper supporting documents required for the particular license class. **If the supporting documents are not included, your application will be rejected.**

A. <input type="checkbox"/> AUCTION <b>**PLEASE INCLUDE COPY OF STATE AUCTIONEER LICENSE**</b>	FEE: \$50.00 PER AUCTION
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An "Auction liquor license" means a person who obtains prior written from the State Commission to sell or offer for sale at auction, on a specified date, wine or spirits for private use or consumption, or for resale by an Illinois liquor licensee in accordance with the provisions of the Liquor Control Act ILCS 5/1-3.32. An auction liquor license will be issued to a person and it will permit the auction liquor licensee to hold the auction anywhere in the State. An auction liquor license must be obtained for each auction at least 14 days in advance of the auction date. **A \$25.00 late fee will be required if the application is not received 14 days in advance.**

B. <input type="checkbox"/> AIRPLANE	FEE: \$60.00 PER PLANE
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An airplane liquor license shall permit the licensee to import alcoholic liquors into this state from any point in the United States outside this State and to store such alcoholic liquors in this State; to make wholesale purchases of alcoholic liquors directly from manufacturers, any class of distributor from within or outside this State. An airplane license shall permit the sale or dispensing of alcoholic liquors on any passenger airplane regularly operated by a common carrier in this State, but shall not permit the sale for resale of any alcoholic liquors to any licensee within this State. **SUPPORTING DOCUMENTS REQUIRED: TAX BOND ACQUIRED BY ONE OF THE FOLLOWING ENCLOSED FORMS: a) RL-1 TAX STATEMENT OF LIABILITY; b) REG-4-A (LIQUOR GALLONAGE TAX BOND) CERTIFICATE OF DEPOSIT; or c) REG-4-D LETTER OF CREDIT BOND.**

C. <input type="checkbox"/> BOAT	FEE: \$180.00
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A boat license shall allow the sale of alcoholic liquor in individual drinks, on any passenger boat regularly operated as a common carrier on navigable waters in this State, which boat maintains a public dining room or restaurant thereon. **SUPPORTING DOCUMENTS REQUIRED: TAX BOND ACQUIRED BY ONE OF THE FOLLOWING ENCLOSED FORMS: a) RL-1 TAX STATEMENT OF LIABILITY; b) REG-4-A (LIQUOR GALLONAGE TAX BOND) CERTIFICATE OF DEPOSIT; or c) REG-4-D LETTER OF CREDIT BOND.**

D. <input type="checkbox"/> RAILROAD	FEE: \$60.00 PER DINING, LOUNGE, BUFFET, CLUB CAR
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A railroad license shall permit the licensee to import alcoholic liquors into this state from any point in the United States outside this State and to store such alcoholic liquors in this State; to make wholesale purchases of alcoholic liquors directly from manufacturers, any class of distributor from within or outside this State. An airplane license shall permit the sale or dispensing of alcoholic liquors on any passenger airplane regularly operated by a common carrier in this State, but shall not permit the sale for resale of any alcoholic liquors to any licensee within this State. **DOCUMENTS REQUIRED: TAX BOND ACQUIRED BY ONE OF THE FOLLOWING ENCLOSED FORMS: a) RL-1 TAX STATEMENT OF LIABILITY; b) REG-4-A (LIQUOR GALLONAGE TAX BOND) CERTIF. OF DEPOSIT; or c) REG-4-D LETTER OF CREDIT BOND.**

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

**A. AUCTION LICENSE APPLICANTS ONLY:**

**AUCTION DETAILS:**

- A. Provide the date and time that the auction will be held. When you receive your printed license certificate from the Commission, times will be listed in military time; ie "0200" = 2AM, "1200" = noon, "2400" = midnight; etc.
- B. Provide the address/location of the auction. If an address is not available, provide specific instructions to enable our investigators to find the location.

Date of Auction From (Month/Day/Year)	Time From (AM/PM)	Date Of Auction To (Month/Day/Year)	Time From (AM/PM)	Auction Address (Street Address/City/State/Zip)

**B. AIRPLANE AND RAILROAD LICENSE APPLICANTS ONLY:**

You may fill out one application, but you must obtain a license certificate for each airplane or applicable rail car. A license certificate must be on each plane or train that serves alcoholic beverages.

Indicate how many airplanes or rail cars are to be issued certificates.

FEE: \$ \_\_\_\_\_

\$60.00 Per Plane, i.e. If you have 50 planes traveling in Illinois, the fee would be a total of \$3,000. (50 x \$60=\$3,000)

FEE: \$ \_\_\_\_\_

\$60.00 Per Rail Car, i.e. If you have 5 rail cars where alcoholic beverages are served/sold traveling in Illinois, the fee would be a total of \$300. (5 x \$60=\$300)

**C. BOAT LICENSE APPLICANTS ONLY:**

READ MESSAGE BELOW AND CONTINUE TO PAGE (3).

**The following applies to all licenses:**

**MAKE CHECK OR MONEY ORDER PAYABLE TO THE ILLINOIS LIQUOR CONTROL COMMISSION.**  
**THE COMMISSION DOES NOT ACCEPT U.S. CURRENCY/CASH AS PAYMENT.**

**PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE APPLICATION FORM MUST BEAR AN ORIGINAL SIGNATURE.**

**FOR OFFICE  
USE ONLY**

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER ☐

**Application for State of Illinois Auction/Airplane/Boat/Railroad Liquor License**

**1. APPLICANT - CORPORATE INFORMATION**

☐ If you want your renewal application, your license certificate and other ILCC correspondence sent to your "corporate" address, please check the box at right.

**A. FEIN**

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

**B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)**

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit [www.tax.illinois.gov](http://www.tax.illinois.gov) and click on "Businesses", and then "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

**C. TELEPHONE**

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.

EXT.

**D. COUNTY**

Enter the county where the sole proprietorship, corporation, etc. is located.

COUNTY

**E. NAME**

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME

**F. ADDRESS**

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc..

ADDRESS

CITY

STATE

ZIP CODE

## 2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- A. ☐ ASSUMED NAME DATE FILED WITH COUNTY CLERK: \_\_\_\_\_
- B. ☐ PARTNERSHIP DATE OF FORMATION: \_\_\_\_\_
- C. ☐ ILLINOIS CORPORATION DATE OF INCORPORATION: \_\_\_\_\_
- D. ☐ FOREIGN CORPORATION STATE OF INCORPORATION: \_\_\_\_\_ DATE QUALIFIED TO DO BUSINESS IN IL: \_\_\_\_\_
- E. ☐ LIMITED LIABILITY COMPANY DATE FORMED: \_\_\_\_\_

## 3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% , (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **Before completing this section, check Question #6 - Eligibility.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

B.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

C.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

D.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST \_\_\_\_\_ %

#### 4. BUSINESS PREMISE INFORMATION

☐ If you want your renewal application, your license certificate and other ILCC correspondence sent to your business premise address, please check the box to the left.

##### A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. **Note: This name must be consistent with the name printed on your Illinois Department of Revenue Sales Tax Certificate.**

NAME (DOING BUSINESS AS D/B/A )

##### B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NO.
EXT.

##### C. ADDRESS

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

##### D. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

##### E. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

LANDLORD NAME	AREA CODE/TELEPHONE NO.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

## 5. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions **must** be answered. **If the questions are not checked, the application will be rejected.** If any question is checked "yes," a written, detailed explanation is required and must be attached to this application.

- 6-18 ☐ YES ☐ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- 6-19 ☐ YES ☐ NO Are you delinquent under the "cash beer" law?
- 6-20 ☐ YES ☐ NO Are you delinquent under the "30-day credit" law?
- 6-22 ☐ YES ☐ NO Have you ever applied for and been denied a liquor license?
- 6-23 ☐ YES ☐ NO Have you had any previous liquor license revoked?
- 6-24 ☐ YES ☐ NO Have you ever been convicted of a felony?
- 6-25 ☐ YES ☐ NO Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "gambling;" 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3 "keeping a gambling place"?
- 6-26 ☐ YES ☐ NO Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)
- 6-27 ☐ YES ☐ NO Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official in the same jurisdiction as the license?
- 6-28 ☐ YES ☐ NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- 6-30 ☐ YES ☐ NO If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the united states or resident aliens with legal status?

## 6. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. The signature must be an original, rubber stamps are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

**FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION**

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SIGNATURE OF APPLICANT/AUTHORIZED AGENT

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TITLE/POSITION

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DATE

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## General Information

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### Who must submit a bond?

Form REG-4-D, Financial Institution Irrevocable Letter of Credit Bond, **or** Form REG-4-A, Financial Responsibility Bond, is required to complete your registration to be licensed as a

- cigarette distributor
- cigarette machine operator
- liquor distributor
- direct wine shipper
- liquor airline
- tobacco products distributor
- motor fuel distributor
- motor fuel supplier
- motor fuel receiver

**Note:** International Fuel Tax Agreement (IFTA) carriers may be required to obtain a bond.

You must complete **either** Form REG-4-D **or** Form REG-4-A to obtain a bond. You will not be issued a certificate of registration and cannot be legally registered to do business in Illinois until we receive your bond.

### How do I obtain a bond using Form REG-4-D?

You must provide Form REG-4-D to the financial institution that will be providing your bond. A separate bond is required for each location.

### What is required for Form REG-4-D?

All signatures and seals must be original. We will not accept copies, faxes, etc., as proof of bond coverage. Duplicate originals must be marked as such and must meet the same requirements as the original bond form.

If any of the above requirements are not met, we will not accept the bond and it will be returned for correction.

### Where do I send my Form REG-4-D?

Mail your completed Form REG-4-D with any required attachments to us at



**CENTRAL REGISTRATION DIVISION 3-222  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19039  
SPRINGFIELD IL 62794-9039**

If you have questions regarding Form REG-4-D, visit our website at [tax.illinois.gov](http://tax.illinois.gov) or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 558-7425**.

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## Specific Instructions

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### Part 1: Financial institution letter of credit bond type and number

**Line a, Bond type** - The bond type must match the tax type for which the bond is being issued.

**Line b, Financial institution irrevocable letter of credit number** - This number is assigned by the financial institution and must be present on the bond.

**Line c, Bond amount** - The amount of bond coverage must be entered on this line.

### Part 2: Taxpayer and financial institution information

**Taxpayer** - The name and address must be identical to the information that you have registered with us. The address must be the physical location of your business; mailing addresses, PO Boxes, and other addresses are not acceptable.

**Financial institution** - The name and address of the financial institution executing the bond must be present.

### Part 3: Effective and maturity date of bond

**Effective date** - This is the date the bond coverage will begin.

**Maturity date** - This is the date on which the letter of credit will mature.

### Part 4: Bond conditions

The letter of credit must be written for a minimum of one year and be automatically renewable for successive one-year periods unless we receive written notice of cancellation 30 days prior to the maturity date.

### Part 5: Financial institution officer information

**Name, title, and signature** - These lines must be completed by the financial institution officer authorizing the letter of credit.

### Part 6: Financial institution seal

**Financial institution seal** - An official seal must be affixed in Part 6. If the financial institution does not have an official seal, a letter, on financial institution letterhead, stating that the financial institution does not have an official seal must accompany the letter of credit.



# REG-4-A

## Financial Responsibility Bond

### Part 1: Financial responsibility bond type and number

**a** Bond type:

**b** Financial responsibility bond number: \_\_\_\_\_

### Part 2: Taxpayer and financial institution information

We, \_\_\_\_\_ (as principal)  
Taxpayer's name and address

and

\_\_\_\_\_  
Name and address of surety (as surety)

are bound to the people of the State of Illinois in the penal sum of \$\_\_\_\_\_. We hereby bind ourselves, our heirs, executors, administrators, successors, and assigns to the payment of this amount.

The condition of this bond is that if the principal (taxpayer) identified above, who has applied for the tax responsibility (bond type) identified above, in Part 1, pays to the Illinois Department of Revenue (IDOR) all amounts becoming due from the principal (taxpayer) under this law, then the bond will become void; otherwise, the bond will remain in full force.

The surety identified above may conditionally cancel this bond at any time by filing a written notice with IDOR by registered or certified mail within \_\_\_\_\_ days. However, the surety is not discharged from any liability previously accrued under this bond or that may accrue before the \_\_\_\_\_ days expires.

### Part 3: Financial responsibility bond signatures and seal requirements

We have signed and sealed this bond on \_\_\_\_/\_\_\_\_/\_\_\_\_, to be effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
You must attach a power of attorney.

(Principal's seal)

(Surety's seal)

\_\_\_\_\_  
Principal's (taxpayer) signature

\_\_\_\_\_  
Surety's signature

\_\_\_\_\_  
Attorney-in-fact's signature

\_\_\_\_\_  
President's or co-partner's signature

\_\_\_\_\_  
Countersigned by

\_\_\_\_\_  
Corporate secretary's signature

\_\_\_\_\_  
Agent for surety

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

### For official use only

Date approved: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
IDOR Director's signature

License number: \_\_\_\_\_



# Illinois Department of Revenue

## REG-4-D

### Financial Institution Irrevocable Letter of Credit Bond

#### Part 1: Financial institution letter of credit bond type and number

a Bond type:

b Financial institution irrevocable letter of credit number: \_\_\_\_\_

c Bond amount: \$ \_\_\_\_\_

#### Part 2: Taxpayer and financial institution information

##### Taxpayer:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State ZIP

##### Financial institution:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State ZIP

#### Part 3: Effective and maturity date of bond

Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Maturity date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

#### Part 4: Bond conditions

If the taxpayer identified above, in Part 2, fails to pay the Illinois Department of Revenue (IDOR) all moneys, including penalties and interest, due under this bond type's tax act, IDOR is authorized to draw drafts on demand against this irrevocable letter of credit. The sum of this irrevocable letter of credit cannot exceed the bond amount above, in Part 1, and drafts drawn against it are payable on demand. This letter of credit is issued for a period of **one** year and will be renewed automatically for successive **one** year periods unless IDOR receives a written notice of cancellation 30 days prior to the maturity date.

#### Part 5: Financial institution officer information

The undersigned officer of the financial institution identified above, in Part 2 is duly authorized by the Board of Directors to execute this irrevocable letter of credit; and this financial institution will honor all drafts on demand. The name of the authorized financial institution officer, title and signature are required.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Part 6: Financial institution seal

The official seal of the financial institution must be affixed below.

#### For official use only

Date approved: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
IDOR Director's signature

License number: \_\_\_\_\_